

Application Data Sheet

Application Information

Application number::	<i>Unassigned</i>
Filing Date::	<i>Herewith</i>
Application Type::	<i>Regular</i>
Subject Matter::	<i>Utility</i>
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	<i>None</i>
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	<i>Paper</i>
Computer Readable Form (CRF)?::	<i>No</i>
Number of copies of CRF::	
Title ::	<i>SURGICAL IRRIGATION PUMP AND TOOL SYSTEM</i>
Attorney Docket Number::	<i>60,210-219</i>
Request for Early Publication?::	<i>No</i>
Request for Non-Publication?::	<i>No</i>
Suggested Drawing Figure::	<i>1</i>
Total Drawing Sheets::	<i>36</i>
Small Entity?::	<i>No</i>
Latin name::	
Variety denomination name::	
Petition included?::	<i>No</i>
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	<i>No</i>

Applicant Information

Applicant Authority Type:: *Inventor*
Primary Citizenship Country:: *United States*
Status::

Given Name:: *David*
Middle Name::
Family Name:: *Hershberger*
Name Suffix::
City of Residence:: *Kalamazoo*
State or Province of Residence:: *Michigan*
Country of Residence:: *United States*
Street of mailing address:: *665 Winter Slope*
City of mailing address:: *Kalamazoo*
State or Province of mailing address:: *Michigan*
Country of mailing address:: *United States*
Postal or Zip Code of mailing address:: *49009*

Applicant Authority Type:: *Inventor*
Primary Citizenship Country:: *Sri Lanka*
Status::

Given Name:: *Chamara*
Middle Name:: *L.*
Family Name:: *Gamhewage*
Name Suffix::
City of Residence:: *Portage*
State or Province of Residence:: *Michigan*
Country of Residence:: *United States*

Street of mailing address:: **7185 Venice Drive**
City of mailing address:: **Portage**
State or Province of mailing address:: **Michigan**
Country of mailing address:: **United States**
Postal or Zip Code of mailing address:: **49024**

Correspondence Information

Correspondence Customer Number :: **27305**

Representative Information

Representative Customer Number:: **27305**

Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This Application</i>	<i>An application claiming the benefit under 35 USC 119(a)</i>	60/462,650	April 14, 2003

Assignee Information

Assignee name:: **Stryker Instruments**
Street of mailing address:: **4100 E. Milham Avenue**
City of mailing address:: **Kalamazoo**
State or Province of mailing address:: **Michigan**
Country of mailing address:: **United States**
Postal or Zip Code of mailing address:: **49001**